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P.O. BOX 506, Merrifield, VA 22116, U.S.A.

Voice Mail: 302-729-1562

FAX: 806-498-6673

e-mail:winstonhsu@naipo.com

Customer No.: 27765

Fax To: Thuy V. Tran

Art Unit: 2821

Tel: (571) 272-1828

Fax: (571) 273-8300

From: Winston Hsu, Registration No. 41,526

Serial No.: 10/707,275

Attorney Docket No.: ADTP0112USA

**Subject: Request for Continued Examination** 

Total Pages: 14pages (including cover page)

Winston Hsu 07/15/2005

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PTO/SB/97 (09-04)
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Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2005				Complete If Known					
				Application Number 10/707,275					
				Filing Date		12/2/2003			
				First Named In	ventor	Hui-Kal C	hou		
Applicant deimo ameli artitu atatus. Con 27 OFD 407				Examiner Nam	ie	Thuy V. Tran			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2821			
TOTAL AMOUNT OF PAYMENT (\$) 100.00				Attorney Docke	et No.	ADTP0112USA			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify);									
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number 50-3105  Deposit Account Name: North America Intellectual Property Corp.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge any additional tracks as undersaments of tarks									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments									
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FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
FILING FEES SEARCH FEES EXAMINATION FEES									
Application	Type Fee (	Small Entity Fee (\$)	Fee (S	Small Entity Fee (\$)	Fee	Small En (\$) Fee (\$		s Paid (\$)	
Utility	300		500	250	200		,	<u></u>	
Design	200	100	100	50	130				
Plant	200	100	300	150	160				
Reissue	300	150	500	250	600	•			
Provisional	200		0	0	(				
2. EXCESS CLAIM FEES									
Fee Description Small Enter									
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25									
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180									
Total Claims	Extra C	lzima Fee	(\$) Fee	Paid (\$)	Multic	de Depender	360 nt Claims	0 180	
22 - 2	0 or HP = 2	×50	=	100		e (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20									
Indep, Claims									
HP = highest number of independent claims paid for, if greater than 3									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 ¢/50 =(round <b>up</b> to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other:									
SUBMITTED BY									
Signature	Will	to the	us	Registration No. (Attorney/Agent)	41,52	6 Te	dephone 302-7	729-1562	
No. of the state o							ate 07/15/20		
							0.710/20	<del>200</del>	

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